STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
UNIVERSITY OF VERMONT MEDICAL CENTER

PAGE 1 OF 5 GRANT # 03410-2180-21 AMENDMENT #1

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and University of Vermont Medical Center (hereafter called the "Subrecipient" that the grant agreement (#03410-2180-21) on the subject of administering the Blueprint for Health program initiatives in the Burlington, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective December 1, 2020 as follows:

1. By deleting Part 1-Grant Award Detail on page 1 of 39 of the base agreement and replacing it with the following Part 1- Grant Award Detail:

STATE	OF VERMONT GRANT AGRE	EMENT				Part 1-G	rant Awaı	rd Detail	
	:	SECTION I - GENER	AL GRANT INF	ORMATI	ON				
1 Grant #	t: 03410-2180-21		2	Original		An	nendment#	1	
3 Grant	Fitle: Blueprint for Health University of Ver	mont Medical Center Ho	spital HSA						
4 Amoun	t Previously Awarded: \$251,925.00	is Action: \$83,33		Total Aw	ard Amount:		\$335,255.00		
	Start Date: 10/01/2020	⁸ Award End Date:	09/30/2021	⁹ S	Subrecip	ient Award:	YES X	NO 🔲	
10 Vendo		ne: University of Vermor	nt Medical Center						
	ee Address: 111 Colchester Avenue								
¹³ City:	Burlington		¹⁴ State:	VT		¹⁵ Zip Code: 05401			
16 State	Granting Agency: AHS/Department of Ve	rmont Health Access	¹⁷ Business Unit: 03410						
YES			Description:						
20 If this action is an amendment, the following is amended: Amount: Funding Allocation: Performance Period: Scope of Work: Other:									
	52,000,000	TION II - SUBRECIP		INFORM.					
²¹ Grant	ee DUNS #: 060525151	²² In d	irect Rate:		23	FFATA: YES 🗙 NO 🔲			
24 Grant	ee Fiscal Year End Month (MM format):	9 (4	% Approved rate or de mi		25	R&D:			
26 DUNS	Registered Name (if different than VISION	Vendor Name in Box 11):							
22.33539,35055	-	SECTION III - FI	COLUMN TO A STREET	CATION					
			TE FUNDS						
	Fund Type	²⁷ Awarded Previously	²⁸ Award This Action		²⁹ Cumulative Award		³⁰ Special & Other Fund Descriptions		
	General Fund	\$42,566.69	\$14,022.28	\$56,588.97					
	Special Fund				\$0.00				
	Global Commitment (non-subrecipient funds)	\$76,069.48	\$25,214.30	\$10	01,283.78				
	Other State Funds				\$0.00				
		RAL FUNDS of Global Commitment fur	Required Federal Award Information						
31 CFDA#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumul Awa		36 FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award	
93.778	Medicaid Assistance Program	\$42,566.70	\$14,022.29	\$5	6,588.99				
³⁹ Federal Awarding Agency:			⁴⁰ Federal Award Project Descr:						
93.778	Medicaid Assistance Program - Global Commitment (sub-re	spient \$90,722.13	\$30,071.13	\$12	20,793.26				
Federal A	funds) warding Agency:		Federal Award Pr	oject Descr	r:				
		<u> </u>		Ι	20100				
Federal A	warding Agency:		\$0.00 Federal Award Project Descr:						
					\$0.00				
Federal A	warding Agency:	Federal Award Project Descr:							
					\$0.00				
Federal A	warding Agency:	,	Federal Award Pr	oject Descr	r:				
	Total Awarded - All Fu	ınds \$251,925.00	\$83,330.00	\$335	5,255.00				
	Total / Maraca / Million	1200000							
SECTION IV - CONTACT INFORMATION 41 STATE GRANTING AGENCY 42 GRANTEE									
NAME: Mara Krause Donohue			NAME: Kerry Sullivan						
TITLE:	Project Administrator	TITLE: Project Administrator							
PHONE	(802) 798-2471	PHONE: (802) 847-0000							
EMAIL:	Mara.Donohue@vermont.gov	EMAIL: Kerry.Sullivan@uvmhealth.org							

2. By adding the following to Attachment A, Section 2.4 Staffing:

- 3. QI Facilitator: The QI Facilitator will oversee quality improvement projects within the primary care Practices, specialty medical Practices acting as Spokes, Hubs, and women's health Practices. The QI Facilitator will have the primary responsibility for coordinating key quality improvement activities and projects at several primary care practices, specialty practices, and Community Collaboratives. The QI Facilitator will help Practices and organizations work through the continuous quality improvement process to:
 - 1. Achieve, maintain, and continue improvement on practice transformation as a Patient Centered Medical Home;
 - 2. Meet standards and continue improvement on population health quality and payment reform efforts, defined by Blueprint, Green Mountain Care Board, or Accountable Care Organizations (ACOs); and
 - 3. Achieve and continue improvement on clinical, cost, or patient experience priorities identified by the practice.

3. By deleting Attachment B, Section 5 and replacing it with the following:

- 5. The Subrecipient shall submit monthly for costs incurred in connection with services rendered in the previous month or quarter, on or before the 15th day of the following month. Costs incurred prior to the previous month, but not previously claimed, shall be clearly identified. All costs must be incurred within the Grant Term.
 - a. Invoices will only be paid upon the approval of State after completion of program activities agreed upon in Attachment A.
 - b. Invoices will include specified line items for program costs, training costs, and travel expenses.
 - i. Program costs includes:
 - 1. Approved salary and fringe benefits of Program Manager, QI Facilitator. and Self-Management Regional Coordinator;
 - a. Salary and fringe benefits will be subject to quarterly caps. Subrecipient will not invoice the State, and the State will not pay, for more than 25% of the total salary and fringe benefits for Project Management, QI Facilitation, and Self-Management Regional Coordinator per quarter.
 - b. If the Program Manager or QI Facilitator position is vacant, Subrecipient shall not invoice for, and State shall not pay, these costs.
 - 2. Training costs (costs associated with providing training) that have been approved by the State;
 - 3. Self-Management Program delivery costs (i.e. leader stipends and program materials);
 - 4. Other approved expenses by the State.
 - ii. Travel expenses are limited to:
 - 1. Costs approved by the State in writing prior to incurring expenses. Routine mileage travel expenses will not require prior approval.
 - 2. Travel costs are not reimbursable for travel expenses incurred within the HSA.
 - 3. Training costs (costs associated with receiving training) that have been approved by the State.

- c. Invoices must include:
 - i. Name, address, signature, and point of contact information of Subrecipient;
 - ii. Date of invoice submission;
 - iii. Date(s) of program period the invoice covers;
 - iv. Unique invoice number;
 - v. Itemized expenses organized by activity. All reimbursable expenses will fall in one of the following line items:
 - 1. Program costs, or
 - 2. Travel expenses
 - vi. All itemized expenses and State-approved back-up documentation must be submitted in accordance with the *State of Vermont Agency of Administration Bulletin 3.4: Employee Travel and Expense Policy*. The State will notify the Subrecipient of mileage reimbursement rates and meal reimbursement rates allowable during the Grant Term.

https://humanresources.vermont.gov/compensation/expense-reimbursement.

4. By deleting the budget table in Attachment B, Section 18 and replacing it with the following:

18. Approved Budget for the Grant Term:

October 1, 2020 – September 30, 2021

Budget Category	Amount
Program Management	\$227,000.00
Quality Improvement Facilitation (12/1/2020 – 09/30/2021)	\$83,330.00
Self-Management Regional Coordination (10/01/2020-12/31/2020)	\$11,425.00
Self-Management Master Trainer	\$1,125.00
Tobacco Master Trainer	\$375.00
Self-Management Program Costs (10/01/2020-12/31/2020)	\$2,000.00
Travel, Training, and Other Expenses	\$10,000.00
Total	\$335,255.00

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

STATE OF VERMONT DEPARTMENT OF VERMONT HEALTH ACCESS UNIVERSITY OF VERMONT MEDICAL CENTER

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<u>Taxes Due to the State</u>. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

<u>Certification Regarding Suspension or Debarment</u> Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: http://bgs.vermont.gov/purchasing-contracting/debarment.

This document consists of 5 pages. Except as modified by this Amendment No. 1, all provisions of the Grant remain in full force and effect.

THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.

BY THE STATE OF VERMONT:		BY THE SUBRECIPIENT:				
		Ala fing				
			12/7/20			
CORY GUSTAFSON, COMMISSIONER	DATE	HOWARD SCHAPIRO	DATE			
AHS/DVHA		UNIVERSITY OF VERMONT MEDICAL CENTER				
NOB 1 SOUTH, 280 STATE DRIVE		111 COLCHESTER AVE				
WATERBURY, VT 05671		BURLINGTON, VT 05401				

PHONE: 802-847-0000

EMAIL: HOWARD.SCHAPIRO@UVMHEALTH.ORG